

Exhibit K



CIGNA Group Insurance
Life • Accident • Disability

April 21, 2004

HESTAL LIPSCOMB
3111 W 2ND STREET 1ST FLOOR
WILMINGTON, DE 19805

Re: Acknowledgement of FMLA Leave Request and Notification of Rights and Responsibilities

Dear HESTAL LIPSCOMB:

This letter is to acknowledge receipt of your request on 04/20/2004 for leave beginning 04/28/2004 under your company's Family and Medical Leave Act ("FMLA") policy, due to a serious health condition that makes you unable to perform the essential functions of your job.

Enclosed you will find information on your rights under the Family and Medical Leave Act of 1993 (FMLA). Your leave has been preliminarily designated as FMLA, and in accordance with the Company's policy, you will not be required to submit separate FMLA medical certification providing your claim for short-term disability benefits and/or workers' compensation claim under your company's plan is approved.

If for any reason your short-term disability or workers' compensation claim is not approved, we will provide you with a Certification of Health Care Provider Statement to be completed by you and the attending Health Care Provider to certify your leave under FMLA. A final determination will be based on the medical information outlined by the attending Health Care Provider.

We are advised by your company that during an unpaid period of FMLA leave, you will be required to pay your normal portion of employee contributions for your health and welfare plans. Refer to the enclosed "Impact on EDS Benefits" for customer service telephone numbers and more information about your benefits while on an LOA.

If you have any questions or if the circumstances or dates of your leave change, please call us immediately at the toll free number listed above. You should also immediately inform your manager of any change to your leave status.

Sincerely,

CIGNA Leave Solutions

Enclosures: Impact of FMLA on EDS Benefits
Fitness for Duty Certification
Your Rights under the Family and Medical Leave Act of 1993

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EDS I 00124

Exhibit L

evolving together. benefiting more.

✦ Your Benefits.



2004 Benefits Handbook

infoCentre Keyword: Benefits US

http://infocentre.eds.com/us/people/pe_benefits.html



Disability Benefits Overview

EDS offers eligible employees certain disability benefits if they are unable to work because of illness or injury.

- **Short-Term Disability (STD)** - Information about EDS' Short-Term Disability Policy.
- **Long-Term Disability (LTD)** - Information about EDS' Long-Term Disability Program.
- **State Disability Benefits** - Information about specific state and commonwealth disability benefits. Includes California, Hawaii, New Jersey, New York, Puerto Rico and Rhode Island.
- **How to Report a Disability** - Information for employees and managers about how to report an absence related to STD, FMLA, Workers' Compensation, or LTD claims.

Please review the information so you can understand what each disability program offers, how to report a claim, and what your responsibility will be once a claim is filed.

Please note, some active and former employees of A.T. Kearney may be subject to a different eligibility requirement, benefit level and/or premium amount for a particular EDS benefit.

Disclaimer

The EDS benefits overview is used by EDS leaders to provide employees and leaders information about EDS' disability benefits process. This is only intended as an overview. None of the information contained herein is intended to give special rights or privileges to specific individuals or to entitle any person to remain employed by EDS. Unless contrary to applicable law or the terms of a written contract executed by an officer of EDS, employment at EDS is not guaranteed for any definite period and may be terminated at any time by the company or by an employee with or without cause or previous notice (unless specifically provided otherwise in a written contract executed by an officer of EDS). Although some of the guidelines set forth herein may suggest, even strongly, that certain procedures or steps be followed, these procedures should not be interpreted as altering the at-will employment relationship and do not constitute an employment contract.

Please contact your HR representative for additional information. A.T. Kearney employees should contact the Employee Benefits Department at 1 312 223 6560. UGS PLM employees should contact the Employee Benefits Department at 1 314 264 8393.

Family & Medical Leave Act (FMLA)

FMLA refers to the Family and Medical Leave Act, which allows eligible employees to take up to 12 consecutive or intermittent weeks of unpaid, job-protected leave in a rolling (backward) 12-month period.

Who is eligible?

To be eligible for FMLA, you must have worked for EDS for 12 months (cumulative) and worked at least 1,250 hours during the previous 12 months before a qualified leave event.

What is covered?

FMLA provides unpaid leave for certain qualifying events, including:

- Birth of a child and subsequent care of that newborn
- A child's placement in the home by way of an adoption or foster care
- Serious health condition of a child, parent or spouse (in-laws are not included)
- Serious health condition of the employee that makes the employee unable to perform his or her job

An FMLA leave of absence may or may not be paid. If your leave is due to your own serious health condition, you may be eligible to receive Short-Term Disability benefits. All other FMLA-qualifying events are unpaid, unless otherwise required by state law. However, with manager approval, available vacation/PTO may be applied to an unpaid FMLA leave of absence. In such situations, managers should contact Disability Services as soon as the claim is initiated with CIGNA AbilityReturns. While you are on an FMLA leave of absence, you will continue to receive benefits, if you pay your portion of flexible benefits. You also have a guarantee of the same or equivalent position if you return to work within the time allotted for an FMLA leave of absence (LOA). A job is not guaranteed if your LOA exceeds the time allowed under FMLA or if your job is eliminated due to a work force reduction. If you are placed on or are applying for an FMLA leave of absence, you will receive an information packet from CIGNA AbilityReturns, which includes what your responsibilities are during the leave.

Please contact your HR representative for additional information. A.T. Kearney employees should contact the Employee Benefits Department at 1 312 223 6560. UGS PLM Solutions employees should contact the Employee Benefits Department at 1 314 264 8393.

Short-Term Disability

EDS' Short-Term Disability Policy (STD Policy) provides benefits to protect your income if you are unable to work due to an illness, injury or pregnancy for which you are receiving appropriate care and treatment. The STD Policy provides unified disability benefits for all full-time salaried and hourly EDS employees within the U.S.

The STD Policy is designed to provide a benefit of up to 26 weeks for medically approved absences for all U.S. eligible employees, as defined in "How the Policy Works." This STD Policy replaces all other EDS salary continuation guidelines, policies or practices with regard to sick leave and disability income.

If you have a health-related reason that prevents you from coming to work, contact your leader immediately. A.T. Kearney employees should also contact the A.T. Kearney Employee Benefits Department at 1 312 223 6560. UGS PLM Solutions should contact the Employee Benefits Department at 1 314 264 8393.

Your leader will coordinate with CIGNA AbilityReturns, EDS' third-party administrator, to determine whether your condition is covered under the Family and Medical Leave Act (FMLA) and/or if you qualify for STD benefits.

It is your responsibility to furnish the necessary information to your leader and CIGNA AbilityReturns regarding your inability to report to work. Appropriate medical documentation and other pertinent information from a medical provider may be required to substantiate the expected duration of your continued absence due to a medical reason, except where prohibited by law. Any medical documentation should be submitted directly to CIGNA AbilityReturns for its review; although, in some circumstances, you may be required to submit medical documentation to your leadership as well. You may also be required to be examined by a medical provider of EDS' choice. Further, you will also be required to sign and return an EDS reimbursement agreement relating to overpayments made to you for short-term disability, long-term disability and workers compensation.

If you have been continuously unable to work due to a medical reason for at least 12 weeks and the medical condition is expected to continue beyond 26 weeks, your situation will be reviewed by CIGNA AbilityReturns to determine if you are eligible to receive benefits under EDS' Long-Term Disability program. Given STD benefits end after 26 weeks, early communication and coordination with CIGNA AbilityReturns in this situation is beneficial.

When short-term disability benefits have ended, if you are unable to or do not return to work, you may be separated. This may occur regardless of whether you are approved for Long-Term Disability benefits.

The STD Policy is an EDS Payroll practice.

Disclaimer

The STD Policy is used by EDS leaders to communicate the parameters of benefit eligibility in relation to short-term disabilities. This publication is only intended as a guideline. None of the information contained herein is intended to give special rights or privileges to specific individuals or to entitle any person to remain employed by EDS. Unless contrary to applicable law or the terms of a written contract executed by an officer of EDS, employment at EDS is not guaranteed for any

definite period and may be terminated at any time by the company or by an employee with or without cause or previous notice. Although some of the guidelines set forth herein may suggest, even strongly, that certain procedures or steps be followed, these procedures should not be interpreted as altering an individual's employment relationship and do not constitute an employment contract.

This publication and the information it contains are the property of Electronic Data Systems Corporation and are made available only to employees of Electronic Data Systems. EDS retains the right to change, modify, suspend, interpret or eliminate any provision in this publication, at any time, with or without notice.

Please contact your HR representative for additional information. A.T. Kearney employees should contact the Employee Benefits Department at 1 312 223 6560. UGS PLM Solutions employees should contact the Employee Benefits Department at 1 314 264 8393.

How the Policy Works

Who is eligible to participate?

You are an eligible employee and may be eligible for coverage under the STD Policy if you meet all of the following conditions:

- You are employed by EDS or one of its subsidiaries or other affiliates as designated by the appropriate committee of the EDS Board of Directors to participate in the EDS Short-Term Disability Policy.
- You are a full-time, active employee and are regularly scheduled to work at least 30 hours or more each workweek. (Temporary workers, contract laborers and seasonal employees are not eligible.)
- You have completed at least 60 days of active continuous full-time employment, or re-employment in the case of rehired employees.
- You are employed in the United States.

Please note: Some A.T. Kearney employees may be subject to a different eligibility requirement, benefit level and/or premium amount for a particular EDS benefit.

Who is an active employee?

You are an active employee if you:

- Are an eligible employee working for the employer doing all the material duties of your occupation at: (1) your usual place of business; or (2) some other location that your employer's business requires you to be
- Are a citizen or legal resident of the United States or Canada, receiving U.S. benefits and on U.S. payroll
- Are not a temporary or seasonal employee

You will be deemed an active employee if:

- You meet the above conditions.
- You are absent from work solely due to vacation days, holidays, scheduled days off, or approved leaves of absence not due to disability or a personal leave of absence (personal leave includes leave under the A.T. Kearney Enhanced Leave of Absence guidelines)



Exhibit M

Charlene Crowder
Case Manager
Dallas Claims Service Center



CIGNA Group Insurance
Life · Accident · Disability

May 4, 2004

LIPSCOMB, HESTAL
3111 WEST 2ND STREET
1ST FLOOR
WILMINGTON, DE 19805

Routing 212
12225 Greenville Ave
Ste 1000
Dallas, Texas 75243
Telephone 800.352.0611 ext.
5686
Facsimile 860.731.3511
Charlene.Crowder@cigna.com

Re: Claimant: LIPSCOMB, HESTAL
Employee ID: 01071260
Policy Number: SHD 985005
Employer: Electronic Data Systems
Administered by: Life Insurance Company of North America

Dear Ms. Lipscomb

We acknowledge receipt of your claim for Short Term Disability (STD) benefits. We will do everything we can to ensure your satisfaction and to make this process as simple as possible during this time.

In order to make a determination about short-term disability benefits, we must obtain medical information to verify your diagnosis and current functional abilities, and your current treatment plan. We are requesting information from Dr. Johnathan Kraut. In the event that we are unable to obtain this medical information, it is your responsibility to provide us with the required information. Please contact your physicians and ask that they cooperate with us and respond to our requests as soon as possible. If we do not receive the information needed by 05/19/2004, we will make a decision based on the information in our file.

To expedite the processing of your claim, please sign and fax the enclosed Disclosure Authorization and EDS Reimbursement Agreement to us as soon as possible at 860 731 3511. We may be unable to obtain medical information relevant to your claim without a signed Disclosure Authorization form. If we cannot get this information, we cannot make a determination on your claim and any potential benefit payments may be delayed or denied. We also ask that you review and sign the enclosed claim form (if any information is missing or incorrect, please change it on the form) and return it to us at the address listed above.

Please be aware that if you are employed in California, New Jersey, or Rhode Island, you are entitled to and are expected to apply for State Disability Benefits directly with the state. We will assume that you are receiving disability benefits under the state program unless you provide us with proof that your claim under the state plan has been denied because you are not eligible for benefits. We will appropriately reduce any benefit payable under the EDS Short-term disability plan by the calculated state disability entitlement. For information regarding how to file for disability benefits under the CA, NJ or RI state disability plan, please see the EDS benefits website.

If you are employed in Hawaii or New York, you do not need to file for benefits under the state disability plan. CIGNA Group Insurance will handle claims under the state plans for employees working in Hawaii and New York, and will coordinate any payments under the state plan with any benefits payable under the EDS STD plan.

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We expect that you will return to work as soon as you are safely able to do so. In order to facilitate your return to work, you may be contacted by one of our Nurse Case Managers or Vocational Rehabilitation Counselors. Please cooperate with these individuals if you are contacted. Please keep me up-to-date on your condition by calling me after each of your doctor's visits. Also, notify me immediately if you are released to return to work or if you actually do return to work. You will be required to present a medical release to your leader (other than maternity leave) upon returning to work.

Please notify me if you begin to receive any other sources of income. This may include, but is not limited to: Social Security Disability or Retirement, Worker's Compensation, No-Fault disability insurance, or state disability benefits.

Your short-term disability (STD) may qualify as a leave under the Family Medical Leave Act (FMLA). You will receive additional Information under separate cover from CIGNA Leave Solutions regarding your FMLA status.

Should you have any questions regarding this correspondence, please feel free to contact me.

Sincerely,

Charlene Crowder
Case Manager

EDS I 00129

Exhibit N



CHRISTIANA CARE
HEALTH SERVICES

Wilmington Hospital Health Center

Date 5/10/04

LIPSCOMB, Hospital was seen in

at the Wilmington Hospital. Super Clinic

services on _____

May return to School/Work on 5/17/04

Remarks: May Return to work

ON ABANDON

Any questions, please call 428 - 4413

16177 P (39371)(0898)

Kran

Exhibit O



CIGNA Group Insurance
Life - Accident - Disability

May 20, 2004

HESTAL LIPSCOMB
3111 W 2ND STREET 1ST FLOOR
WILMINGTON, DE 19805

Re: FMLA Leave Certification

Dear HESTAL LIPSCOMB:

Regarding your 04/20/2004 request for a leave under the Family and Medical Leave Act and/or state leave, according to our records, your claim for short-term disability benefits and/or workers' compensation under your company's plan has not been approved or has otherwise been closed. You should receive information regarding your STD or workers' compensation claim under separate cover.

Enclosed is a Certification of Health Care Provider Statement to be completed by your Health Care Provider. Final determination of your FMLA and/or state leave will be based on the medical information outlined by the attending Health Care Provider. Failure to provide this medical certification within 15 days of the date of this letter may result in denial of FMLA protection.

If you have any questions, please call us at the above toll-free number.

Sincerely,

CIGNA Leave Solutions™

Enclosure: Certification of Health Care Provider

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EDS 100131

CIGNA Leave Solutions
Certification of Health Care Provider
(Family and Medical Leave Act of 1993)

1. Employee's Name: _____ Social Security Number: _____

2. Patient's Name (if different from employee): _____

Serious Health Condition

Does this person's condition qualify under any of the categories as described under the Family and Medical Leave Act as a "serious health condition"? A "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves one or more of the following:

Hospital Care: Inpatient care in a hospital, hospice or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

Absence Plus Treatment: A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services under orders of, or on referral by, a health care provider; or

Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

(3) **Pregnancy:** Any period of incapacity due to pregnancy, or for prenatal care. Estimated due date: _____

Chronic Conditions Requiring Treatments: A chronic condition which: Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider; and

Continues over an extended period of time (including recurring episodes of a single underlying condition); and May cause episodic rather than a continuing period of incapacity (e.g. asthma, diabetes, epilepsy, etc.).

(4) **Permanent/Long-term Conditions Requiring Supervision:** A period of incapacity, which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider.

Multiple Treatments (Non-Chronic Conditions): Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer, severe arthritis, and kidney disease.

Medical Facts

5. 5. 5. 5. Describe the medical facts that support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories: _____

Dates and Duration

6. 6. 6. 6. a. State the approximate date the condition commenced, and the probable duration of the condition (and also a probable duration of the patient's incapacity if different): _____

Will it be necessary for the employee to take leave only intermittently or to work on a less than full schedule as a result of the condition (including treatment described in Item 6 below)? _____
 If yes, give probable duration: _____

Treatment

a. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments: _____

If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any: _____

If any of these treatments will be provided by another provider of health services (e.g. physical therapist), please state the nature of the treatments:

c. c. c. c.

If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g. prescription drugs, physical therapy requiring special equipment):

d. d. d. d.

7. Absence from Work

a. If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform any kind of work?

If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions, or if none provided, after discussing with employee)?

c. c. c. c.
If neither a. nor b. applies, is it necessary for the employee to be absent from work for treatment?

d. d. d. d.

8. Family Care

a. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation?

If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery?

c. c. c. c.
If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need:

d. d. d. d.

Name of Health Care Provider: _____

Address of Health Care Provider: _____

Signature of Health Care Provider: _____

Office Phone: _____ Date: _____

Medical Release: I authorize the release of any medical information necessary to process the above request for the purposes of Family and Medical Leave processing.

Signature of Employee: _____ Date: _____

Employee/Physician: Keep a copy for your file and send the original to:

CIGNA Leave Solutions
P.O. Box 36670
Louisville, KY 40233
Fax: (502) 297-534

Exhibit P

Kim Rudeen, FLMI, ACS
Sr. Case Manager
Dallas Claims Service Center



CIGNA Group Insurance
Life • Accident • Disability

June 2, 2004

HESTAL LIPSCOMB
3111 W 2ND STREET
1ST FLOOR
WILMINGTON DE 19805

Routing 212
12225 Greenville Ave., Ste.1000
Dallas, Tx 75243
Telephone 1 800.352.0611 ext.
6508
Facsimile 860.731.3511
Kim.rudeen@Cigna.com

Re: Claimant: Hestall Lipscomb
Employee ID: 01071260
Policy Number: SHD 985005
Employer: Electronic Data Systems
Administered by: Life Insurance Company of North America

Dear Ms. Lipscomb,

This letter is in reference to your claim for Short-Term Disability benefits. The following information previously requested from you/your doctor has not been received to date:

- ✓ Confirmation of the surgical procedure you underwent
- ✓ medical information from Dr. Kraut to support your time off work
- ✓ your signed authorization to release medical information and proof of loss form

Under the EDS Short-Term Disability Plan, your medical provider must provide documentation and any related necessary information that validates your medical inability to work, within 15 days of when your claim is reported, except where prohibited by law.

We have attempted to contact you by phone on 5/27/04 and 6/1/04, without response. On 5/27/04 we requested that Dr. Kraut provide us with the medical information regarding your treatment and reason for being off work. As of this writing we have not received any medical information to support your time off work, nor have we received your signed authorization to allow your doctor to respond to our request for information. Without medical information to support your time off work we are unable to consider any benefits payable on your claim and we must deny your request for benefits.

If you feel that this determination is incorrect, we will review any evidence you may wish to submit which will support your claim. If the information warrants, we may alter our determination.

You may request a review of this denial by writing to the attention of the representative signing this letter at:

Life Insurance Company of North America
12225 Greenville Ave.
Suite 1000
Dallas, TX 75243

The written request for review must be sent within 15 days of the date of this letter and state the reasons why you feel your claim should not have been denied. Please include any medical evidence, which

EDS I 00138

supports your continuing disability. Medical evidence includes, but is not limited to physician's office notes, hospital records, consultation reports, test result reports, therapy notes, physical and/or mental limitations (i.e. Functional Capacities Testing), treatment history including a list of prescribed drugs along with their dosages, frequency and response, etc. Please be advised that you are entitled to access of relevant documents, records, and other information that was used to make this determination. This information will be supplied upon your request.

Under normal circumstances, you will be notified in writing of the final decision within 45 days of the date your request is received. If there are special circumstances requiring delay, you will be notified of the reason for delay within 45 days of the date your request is received. A final decision will be made no later than 90 days after your request is received.

Your leader will discuss with you any reimbursement to EDS for disability benefits that were over paid to you as a result of the denial or closure of your claim.

This letter should not be construed as a waiver of any rights or defense under the plan. This determination has been made in good faith and without prejudice under the terms and conditions of the plan, whether or not specifically mentioned herein. Should you have any information, which would prove contrary to our findings, please feel free to submit it to us. We will be pleased to review any supportive information you wish to submit.

Although your STD claim has been denied, you may be eligible for leave under the Family Medical Leave Act (FMLA). If eligible, you will receive information under separate cover from CIGNA Leave Solutions. If you have questions regarding your FMLA eligibility, please contact CIGNA Leave Solutions at (800) 778-8458.

Should you have any questions, please feel free to contact me at 1 800.352.0611 ext. 6508. My normal office hours are Monday through Friday, 8:30 to 5:00, Central Standard Time.

Thank you,

Kim Rudeen, FLMI, ACS
Sr. Case Manager

Exhibit Q

REDACTED

Date of Hire	07/29/02
Date of Termination	07/13/04
Salary at time of termination	\$21,000.24.
Was she considered salary or hourly?	She was Salaried Non-Exempt (eligible for OT)

Specialty Salary

Hestal notified her TeamLeader in early April that she would be going out for surgery.

TeamLeader notified the Supervisor who notified the STD carrier, Cigna to begin the paperwork.

Hestal was out for surgery 4/29/04 & returned on 5/15/04 (a Dr.'s note was provided upon her return)

6/2/04 – EDS was notified by Cigna that the employees request for STD was denied due to failure to provide medical information to support her time off from work.

Cigna advised that Hestal was provided a detailed explanation of the denial, including appeal rights. Hestal must submit her request for appeal within 15 days of the date of this letter.

6/17/04 – EDS received a copy of the letter sent by Cigna to Hestal notifying her that the request for a leave under the Family and Medical Leave Act (FMLA) was denied as they did not receive a completed medical certification within the required time frame.

Cigna advised that Hestal had 15 days to submit the necessary information.

6/30/04 – I followed up with the vendor to see if the information had been received. It was not.

-The Supervisor, Tracey Eaddy & I met with Hestal to advise her of the importance of complying with Cigna's request. I advised her to contact her Dr. immediately & to also make contact with Cigna to let them know she was working on obtaining the information. Hestal said she would follow up with the Dr.'s office & Cigna.

7/1/04 – I had a follow-up conversation with Hestal. She advised that she was unable to reach her Dr. I again stressed the importance of providing the medical documentation & suggested that she use one of the conference rooms to make the contact & have her Dr. fax the information to her at EDS so she could intercept the paperwork & fax it to Cigna herself. She said she would follow up.

7/2/04 – I followed up with Hestal a third time – she indicated that the Dr. said it would be faxed. I urged her to follow up with Cigna to be sure they rec'd. it.

EDS II 00254

7/5/04 – I checked with the Cigna & they indicated that they had not received any of the requested medical documentation & that the grace period had ended.